

Volume 4, Issue 1



Department of Mental Retardation  
Office of Quality Management  
**Living WELL**



SUMMER 2005





*Welcome to the Summer 2005 issue of "Living Well", a publication of the Department of Mental Retardation, Office of Quality Management. "Living Well" is published on a quarterly basis and features important information for individuals and their supporters.*

*Information includes health advisories/alerts, home, work and community safety tips, and "promising practices" in services and supports to individuals with mental retardation. "Living Well" represents one component of DMR's continuing commitment to share information which will safeguard and improve the quality of lives of individuals we support. Information and knowledge is a powerful tool. We hope that this and future editions of "Living Well" will be used effectively to enhance our service system.*

*We'd welcome your feedback and suggestions regarding content areas for future editions of the publication. Please submit your suggestions to Sharon.Oxx@dmr.state.ma.us. Thank you!*

*Gerald J. Morrissey, Jr. Commissioner  
Department of Mental Retardation*

## **DEHYDRATION**

(the lack of sufficient fluid in the body)

Because many people are on certain medications requiring a stable blood level to maintain effectiveness (like seizure and psychotropic medications), even mild dehydration can cause those blood levels to rise to dangerous levels, even toxic levels. This can create serious health consequences for the individual. Increasing fluid intake on hot days and offering them frequently can help prevent such an event.

Some signs of dehydration include:

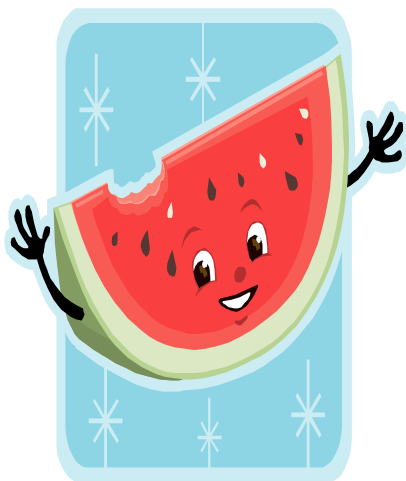
- Decreased amount of urine
- Less frequent urination
- Dry skin or cracked lips
- Sunken eyes
- Less elasticity to the skin
- Fever
- Sleepiness
- Headache
- Increased heart rate
- Strong, dark urine



### **REMEMBER:**

Popsicles, watermelon, cantaloupe, fruit salads and jello all contain a lot of water.

And summertime is the perfect time to indulge in such treats.



**As many of the individuals supported by staff may not be able to express their increased need for fluids or are unable to access it independently, special effort must be made to anticipate this need by staff.**

### **RULE OF THUMB:**

**If a staff person is consuming a beverage, the person that they support should have one as well.**

## **HEAT ILLNESSES**

- **Heat Cramps** occur after vigorous activities like running or playing tennis. Their signs are painful abdominal spasms and cramps in major muscles such as the legs and abdomen. Cramps subside with rest, cooling down and plenty of water.
- **Heat Exhaustion** has many symptoms-fever, heavy sweating, fainting, rapid pulse, low blood pressure, clammy skin, ashen skin tone and nausea. Overexertion and not drinking enough water is the usual cause. To treat it, go indoors with a fan or air conditioning or to a shady spot, apply cool clothes, immediately lie down with your legs elevated, loosen tight clothes, and drink cool water or sports beverages.
- **Heat Stroke (Sunstroke)** can be life-threatening and requires immediate medical help. The symptoms include not only those associated with heat exhaustion, but also very rapid pulse and breathing, delirium, unconsciousness, and lack of perspiration to cool the body.

### **Risk factors for heat stroke include:**

- Dehydration
- Age over 65
- Obesity
- Consuming alcohol in hot weather
- Having chronic heart or lung disease
- Taking medications that interfere with the body's heat-regulating system



## **To Prevent a Heat Illness**

- Avoid direct sun from late morning until 4pm
- Limit vigorous exercise or chores to early morning or late afternoon
- Dress in light colored, loose-fitting clothes
- Continually drink plenty of water or juice
- Avoid caffeine or alcohol
- Eat light meals

## **SUN EXPOSURE**

***Whenever you or the people you support are in the sun, you need to apply sunscreen. Buy a quality product rated at least SPF (Sun Protection Factor) 15 and apply it liberally to all exposed skin at least 30-60 minutes before going out into the sun and frequently thereafter especially during peak sun hours or after sweating or swimming.*** Not only will this help prevent sunburn but skin cancer as well.

Too much sun is also a risk factor for cataracts, so use sunglasses that block UVA and UVB ultraviolet rays. And don't forget your wide brimmed hat

### **Remember:**

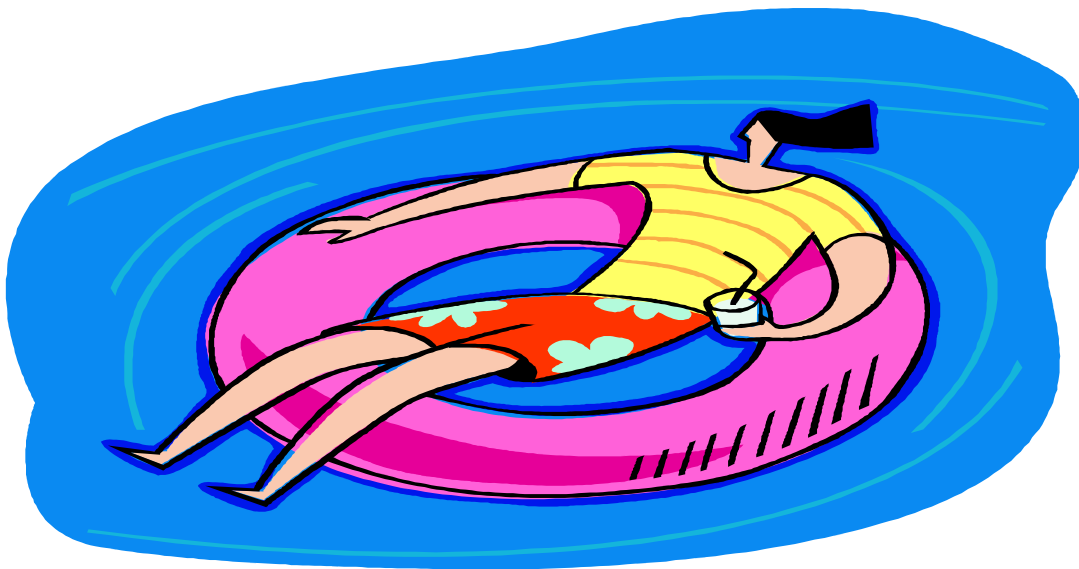
**Certain medications (like anticonvulsants, antipsychotics and high blood pressure medications) can cause people to burn more rapidly and more severely.**

## **WATER SAFETY**

Enjoying the water can be a special way to enjoy warm, summer days. With some precautions and planning as outlined below, these activities can be the basis of happy memories of a fun summer.

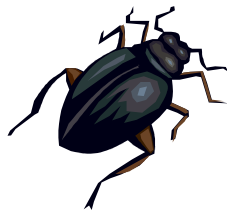
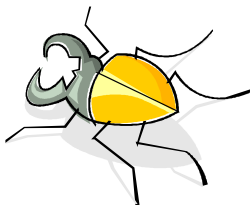
- Assess each individual's capabilities and needs when using different water venues, such as a pool, the ocean, or boating. Ensure staff are knowledgeable of people's capabilities and staff have water safety skills to support individuals while enjoying water activities.
- Know each individual's vulnerabilities and provide ongoing supervision to ensure everyone's safety. Remember, in sight supervision must be provided at all times to fully ensure safety.
- Before use, identify and utilize other available resources to ensure safety such as Lifeguard over sight of the beach or pool
- Before use, identify any potential hazards and unique safeguards required for the specific water environments individuals will be using. Potential hazards, for example, could include finding out about surf conditions to determine whether swimming in the ocean is safe, or knowing the depth of the water or possible underwater hazards when swimming at a lake or river. Unique safeguards would include the use of life jackets when boating.
- Watch out for the "dangerous too's"—too tired, too cold, too far from safety, too much sun, too much strenuous activity.
- Pay attention to the weather and stop swimming at the first indication of bad weather. Know what to do in an electrical storm.

For pools at individuals' homes, ensure that the pool is maintained safely and that safeguards are in place when the pool is temporarily or seasonally not in use. For more information, refer to the DMR "Safeguards for Pools" issued on 1/8/97.



## **CREEPY CRAWLEES and OTHER PESTS**

- **Bee, wasp or hornet stings** can cause a medical emergency if one is allergic to them. You should be aware of those you are responsible for who have this problem and follow protocol if they should get stung. Most people, however, only experience a sharp pain that goes away after a few minutes. It is important to remove the stinger promptly: use a flat edge such as a credit card to scrape it from the welt, Wash the area and apply ice. Continue to monitor for signs of infection or increased inflammation.
- **Deer ticks** are tiny insects that live in low brush and can spread Lyme disease in a small percentage of the people they bite. *Use bug repellant with DEET whenever out in such areas to keep these pests and others away.* Wear a light colored long-sleeved shirt, long pants, socks and a hat if you are in tick country. When you get home, carefully check yourself and the person you support for ticks. And don't panic! Generally, a Lyme disease carrying tick usually has to be attached for at least 24 hour s to spread the disease. Ticks can be difficult to kill so it is best to flush them down the toilet whenever possible.
- **Mosquitoes:** Avoid outdoor activities at dusk or dawn. That is when they are most active. Use a mosquito repellant. Most repellants are effective for many hours so there is no need to keep reapplying it. Wash it off carefully after going back inside. Wear light-colored clothing as mosquitoes are attracted to dark or bright colors.



**If you would like further information on these topics or others, we suggest you visit the following websites:**

**[www.state.ma.us/dph](http://www.state.ma.us/dph)**

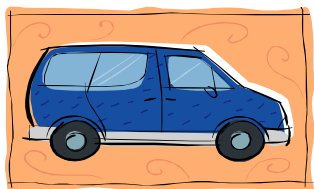
## BE SAFE OUT THERE

Summer is a time for fun and leisure activities. As we all take advantage of warm weather and extended daylight hours, many recreational day trips are planned. Drivers, especially those transporting individuals with disabilities should make an extra effort to keep vehicles in good repair and gas tanks at least ½ full at all times to avoid emergencies.

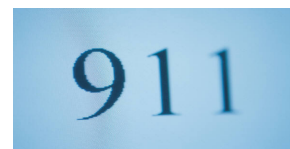
Here are some helpful tips when out on the road:

“The breakdown lane may be a safer place than the travel lane of a road”, “but it is not a safe place to be”, so writes Massachusetts State Police Major Kevin Kelly in a recent American Automobile Association newsletter. In the event that the unexpected happens, Major Kelly recommends:

- **Pulling over as far to the right as possible**, away from the travel lane
- If possible,
  - Pick a spot highly visible to oncoming traffic, **NOT** just over the crest of a hill, or on a blind curve. It may be safer to pull on to the grass
  - Park in a spot which allows room to get out, not on an overpass or bridge
  - If the breakdown is at night, stay in the vehicle under a streetlight**



- **Put on your hazard lights** and only if it is safe to do so, put up your hood. This signals to others your distress
- Use your cell phone and **call 911** for any roadside emergency.



- One driver and one individual could probably safely exit the vehicle and stay behind a guardrail or on the grass away from the vehicle
- When one driver is transporting more than one individual it is usually safer to stay in the vehicle with seatbelts buckled, hazard lights on and hood elevated



**If it is hot sunny day, remember to open the windows. If the windows do not open, open the doors on the side of the vehicle away from the traffic (usually the right side)**

- On any road or highway, **know when a “breakdown” lane is an active travel lane. In the Boston area**, during the morning and evening commuter rush **Routes 3, 93, 95 and 128**, allow breakdown travel. Posted signs show the hours

### **A new prescription drug plan? How will it affect DMR?**

Medicare Part D, the new federal Medicare prescription drug plan, will be implemented starting January 1, 2006. It will have an impact on people served by DMR in the following ways:

- ⇒ **People who have both Medicaid (Masshealth) and Medicare are considered dually eligible and:**
  - will now have their prescriptions covered by a Medicare drug plans as of January 1, 2006 instead of Medicaid (Masshealth).
  - will be automatically enrolled in a Medicare drug plan if they do not choose one by January 1, 2006.
  - will receive a letter in June 2005 from Medicare (CMS) explaining how the new Medicare drug plan will affect them
  - will receive a letter from Medicare (CMS) in October 2005 explaining what Medicare drug plan will be selected for them if they do not select another
- ⇒ **People who have Medicare only**
  - will be given the option of joining a Medicare drug plan or not.
  - will receive a letter from CMS in June 05 explaining how the new Medicare drug plan will affect them.
  - will receive a letter from CMS in October 2005 explaining what Medicare drug plan will be selected for them if they do not select another
- ⇒ **People who have Medicaid only**
  - Will continue to have their prescriptions covered by Medicaid (Masshealth)

**Be on the lookout for these letters from CMS for those who are Medicare only or dually eligible. If someone who should have received one does not, please contact their Service Coordinator.**



**Trainings are being scheduled for Service Coordinators and Providers through SHINE (Serving the Health Needs of Elders) in order to prepare for this change. You will be notified of these trainings soon.**



For more information on this subject please visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-Medicare. Or you can contact Neil Lazzara at 617-624- 7554 or Sharon Oxx at 617-624-7792 at DMR.